DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

○ Original	☐ Supplemental	Substitute	PCT							
As a below named inventor, I hereby declare that:										
My residence, post office address and citizenship are as stated below next to my name.										
I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "FUNCTIONAL MAGNETIC RESONANCE IMAGING GUIDED TRANSCRANIAL MAGNETIC STIMULATION DECEPTION INHIBITOR", which is described and claimed in the specification										
which is attached hereto, or which was filed on, as United States Application No. and with amendments through (if applicable), or in International Application No. PCT/US2003/021660, filed July 11, 2003, and as amended on (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.										
I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §1.56.										
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:										
11	IOR FOREIGN APPLI NTER BELOW IF APP	PRIORITY CLAIMED (MARK APPROPRIATE BOX BELOW)								
APP. NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO						
I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected										

Customer No. 23859

therewith:

Rec'd PCT/PTO 03 JAN 2006 ATTORNEY DOCKET NO. 19113.0097U2

Page 2 of 2

Address all telephone calls to Gregory J. Kirsch at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

United States

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

~	, Cr		•			•	
1	Full name of first inve	entor: MAR	K S. GEORGE		•		•
	inventor Signature:	MON	Durin	•	Date:	(Indian	
	Residence	3109 Ion Av	enue, Sullivan's	sland, SC 29482		6/20/0\$	
	Post Office Address:			Island, SC 29482		SC.	
	Citizenship:	United State				•	· .
	•						•
	Full name of second in	ventor: FR	ANK A. KOZEL	·		•	
7-02	Inventor Signature:	1	161	20	Date:	7 They as	· :
	Residence:	1945 Troobs	k Drive, Charles	ton: SC 20414 (1			:
	Post Office Address:	-1945 THOSE	rk Brive, Charles tearta seria, Janta ek Drive, Charles	he 7 7 4 42 ton, SC 29414 (19) FAK	7 July of	
	Citizenship:	United States	mach the s	south late, Tx	36085	FAIL 7- July 05	
				South			
	Full name of third inve	entor: DA	RYL H. BOHNI	ir.		•	
3-0	Inventor Signature:				7		
	Residence:	110 25 - 12	B. B. Waller	<u></u>	Date:	7/28/05	-1
			ll Road, Warren,	• •	CT	,	•
	Post Office Address:	119 Town Hi	Il Road, Warran.	FYT GRIEA ATTON		•	

Citizenship!